

DMB

NRC Form 591  
(12-81)  
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION

1. LICENSEE Department of the Army, Nuclear Weapon Effects Division, Army Missile Test & Eval- uation Directorate White Sands Missile Range, NM 88002		2. REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region IV 611 Ryan Plaza Drive, Suite 1000 Arlington, Texas 76012	
3. DOCKET NUMBER(S) 30-09345	4. LICENSE NUMBER(S) 30-02405-10	5. DATE OF INSPECTION December 8 - 10, 1982	

Licensee:

The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission's (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews, with personnel, and observations by the inspector. The findings as a result of this inspection are as follows:

1. Within the scope of this inspection, no violations were observed.

2. The inspector also verified the steps you have taken to correct the violations identified during the last inspection. We have no further questions on those actions at this time.

3. During this inspection certain of your activities, as checked below, were in violation of NRC requirements.  
**THIS IS A NOTICE OF VIOLATION** which is required to be posted in accordance with 10 CFR 19.11.

A. \_\_\_\_\_ was not properly posted to indicate the presence of a \_\_\_\_\_ 10 CFR 20.203(b), (c), (d), (e) or 34.42.

B. Containers located in \_\_\_\_\_ were not properly labeled to indicate the presence of radioactive material. 10 CFR 20.203(f)(1), or (f)(2).

C. \_\_\_\_\_ of sealed sources were not performed at the proper frequencies. 10 CFR \_\_\_\_\_ License Condition Number \_\_\_\_\_

D. Records of \_\_\_\_\_ were not properly maintained. 10 CFR \_\_\_\_\_ or License Condition Number \_\_\_\_\_

E. Documents were not properly posted or otherwise made available. 10 CFR 19.11.

F. Reports or notifications of \_\_\_\_\_ were not made in accordance with 10 CFR \_\_\_\_\_ or License Condition Number \_\_\_\_\_

H. \_\_\_\_\_

I. \_\_\_\_\_

J. \_\_\_\_\_

K. \_\_\_\_\_

I hereby state that within 30 days the actions described by me to the inspector will be taken to correct the violations identified in the items checked above. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201. No further response will be submitted unless required by the NRC.

8212210350 821210 NMS LIC30 30-02405-10 PDR	DATE	<i>Paul M. Shopen</i> SIGNATURE NRC INSPECTOR	12/6/82 DATE
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IE07

NRC FORM 706  
(11-81)  
IE MC 0535

U.S. NUCLEAR REGULATORY COMMISSION

PRINCIPAL INSPECTOR (Name, last, first, and middle initial)

INSPECTOR'S REPORT  
Office of Inspection and Enforcement

SHOPEAN, NOAH M

REVIEWER

INSPECTORS

LICENSEE / VENDOR	TRANSACTION TYPE	DOCKET NO. (8 digits) OR LICENSE NO. (BY PRODUCT) (13 digits)	REPORT		NEXT INSP. DATE	
			NO.	SEQ.	MO.	YR.
Dept. Army, U.S.M.R., N.Mex	X I - INSERT	03005505	8201	A	12	85
Dept. Army, U.S.M.R., N.Mex	M - MODIFY	03054801	8201	B	12	84
Dept. Army, New. Effect Div, USMR N.Mex	D - DELETE	03009345	8201	C	12	85
Dept. Army, USMR, N.Mex	R - REPLACE	04007086	8201	D	12	85

PERIOD OF INVESTIGATION / INSPECTION						INSPECTION PERFORMED BY						ORGANIZATION CODE OF REGION/HQ CONDUCTING ACTIVITY (See IEMC 0530 Manpower Reporting—Weekly Manpower Reporting for code)				
FROM			TO			1 - REGIONAL OFFICE STAFF			OTHER			REGION	DIVISION	BRANCH		
MO.	DAY	YR.	MO.	DAY	YR.	1	2	3	14	15	16	17	18	19	20	21
12	06	82	12	10	82	X								4	B	A

REGIONAL ACTION (Check one box only)		TYPE OF ACTIVITY CONDUCTED (Check one box only)													
<input checked="" type="checkbox"/> 1 - NRC FORM 591	<input type="checkbox"/> 2 - REGIONAL OFFICE LETTER	<input checked="" type="checkbox"/> 02 - SAFETY	<input type="checkbox"/> 03 - INCIDENT	<input type="checkbox"/> 04 - ENFORCEMENT	<input type="checkbox"/> 05 - MGMT. AUDIT	<input type="checkbox"/> 06 - MGMT. VISIT	<input type="checkbox"/> 07 - SPECIAL	<input type="checkbox"/> 08 - VENDOR	<input type="checkbox"/> 09 - MAT. ACCT.	<input type="checkbox"/> 10 - PLANT SEC.	<input type="checkbox"/> 11 - INVENT. VER.	<input type="checkbox"/> 12 - SHIPMENT/EXPORT	<input type="checkbox"/> 13 - IMPORT	<input type="checkbox"/> 14 - INQUIRY	<input type="checkbox"/> 15 - INVESTIGATION

INSPECTION/INVESTIGATION FINDINGS (Check one box only)				TOTAL NUMBER OF VIOLATIONS AND DEVIATIONS				ENFORCEMENT CONFERENCE HELD				REPORT CONTAIN 2.790 INFORMATION				LETTER OR REPORT TRANSMITTAL DATE					
A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	MO.	DAY	YR.	MO.	DAY	YR.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
1 - CLEAR				1 - YES				1 - YES				12/10/82									

MODULE INFORMATION												MODULE INFORMATION													
REC. ORD.	MODULE NUMBER INSP.				PRIORITY	DIRECT INSPEC. EFFORT IN STAFF HOURS EXPENDED THIS INSPECTION	PERCENTAGE COMPLETED TO DATE	STATUS	MODULE REQ. FOLLOWUP				REC. ORD.	MODULE NUMBER INSP.				PRIORITY	DIRECT INSPEC. EFFORT IN STAFF HOURS EXPENDED THIS INSPECTION	PERCENTAGE COMPLETED TO DATE	STATUS	MODULE REQ. FOLLOWUP			
TYPE	NUMBER	PHASE	MANUAL CHAPTER	PROCEDURE NUMBER					LEVEL	PHASE	MANUAL CHAPTER	PROCEDURE NUMBER	LEVEL	TYPE	NUMBER	PHASE	MANUAL CHAPTER					PROCEDURE NUMBER	LEVEL	PHASE	MANUAL CHAPTER
B	5310	703B			A	1					B					A									
					B	0										B									
					C	0										C									
					D	0										D									
B	5377	10B			A	11					B					A									
					B	5										B									
					C	4										C									
					D											D									
B	5757	20B			A	5					B					A									
					B											B									
					C											C									
					D											D									
B	5927	06B			A	2					B					A									
					B	1										B									
					C	2										C									
					D	0										D									

\* CIRCLE SEQUENCE IF VIOLATION OR DEVIATION

NAI